

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/1046790</i>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/						TOTAL IND.			
TOTAL DEP.	/	↔	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	/	↔	↔	↔	↔	↔	TOTAL CLAIMS	↔	↔	↔